TRAVEL	California EXPENSI (Rev 10/94		uctions and Privacy at on Reverse Side						Page 1 of 1 Pages						
Claimant's Name Bob Clark							SSN or Employee ID Number (on file)					Department Office of Real Estate Appraisers			
Position CC/ID Number Director Exempt						Division or Bureau Executive Office					Index Number				
Residence Address (on file)					AND THE RESIDENCE OF THE PARTY		Headquarters Address 1102 Q Street, Suite 4100						Telephone Number (on file)		
City State (on file)				Zip Code		City Sacramento					State CA		Zip Code 95811		
Month/Year					Meals	107/15			Trans	portation					
June, 2009		LOCATION Where Expenses	Lodging	Drookfoot	طمميرا	O.T./,L/T N/C, Relo. or	Inciden- tals	Cost of		Carfare Tolls Parking	Private Car Use  Miles   Amount		Business Expense	Total Expenses	
Date 6/30/09	Time 12:30 PM	Were Incurred Modesto & Sacramento		Breakfast	Lunch	Dinner		Trans.	Used	Parking	Miles	Amount		For Day	
<u></u>	10:30 PM	(Gasoline for rental car)				18,00		33,50	RC					51.50	
										***************************************					
														•	
					<u>,</u>										
	-														
Column	SUBTOTA	ALS etg Use Only)	0.00	0.00	0.00	18.00	0.00	33.50		0,00	0.00	0.00	0.00	51.50	
•••	CLAIM T													51.50	
Purpose of Trip, Remarks and Details: (Attach receipts, vouchers when required)										Normal Work Hours					
6/30/09 - Appraisal Institute continuing education presentation in Fresno.										8:00 AM - 5:00 PM Private Vehicle License Number					
											(on file) Mileage Rate Claimed				
~										****************			0.55		
											AGENCY ACCOUNTING OFFICE USE ONLY				
I HEREBY CERTIFY That the above is a true statement of travel exponses incurred by me in accordance with DPA rules in the service of the state of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rete claimed, and that I have met the requirements asprescribed by SAM Sections 0751, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and soat belt usago.											Paid by Revolving Fund Check Number				
	t's signat				Date	2100y Bird \$00	•	re of Offi	cer App	proving Tra	vel and	Payment	Date		
>					>										
Signatur	e and Title	of Authority for Special Expense	es (see item 1	7 on revers	e)								Date	_	

## TRAVEL EXPENSE CLAIM (STD 262) - RECEIPTS (Bob Clark - June, 2009)

CHEVRON 3900 PELANDALE AVE MODESTO, CA STN 00201456

06/30/09 20:34:26

E/DISCOVER xxxxxxxxxxxx7864 Invoice# 5603040 Auth# 030362

Pump#: 3 9.378 G © \$ 2.959 UNLE/Self \$ 27.75 Total \$ 27.75

Tell us about your shopping experience by lossins onto Survey.Chevron.com

THANK YOU FOR CHOOSING CHEVRON

## ARCO AM/PM #82821

2225 16th St. Sacramento, Ca 95816

Store: 82821 06-30-2009 22:22:20 Register: 2 CLERK:0515

22:19:00 Sale no:238811

Initial Payment....\$ 20.00 PrePay Deposit....\$ 20.00 Initial Change....\$ 0.00

Item Sz Qt Total \$
Unlead 87 2 2.026G @ 2.839 5.75
\* FUEL SALE \*

 Sub Total
 \$ 5.75

 Tax
 \$ 0.00

 Total
 \$ 5.75

 PrePay Deposit
 \$ 20.00

 Change
 \$ 14.25

THANK YOU!